



EXPRESS MAIL No.: EV 374588454 US

Deposited: December 16, 2004

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*Ruth Montalvo*  
/ Ruth Montalvo

In the event that this paper is late filed and a necessary Petition for an Extension of Time is not concurrently filed herewith, please consider this as a Petition for the requisite extension of time, and to the extent not tendered by check attached hereto, authorization to charge the extension fee, or any other fee required in connection with this paper, to Deposit Account No. 50-1529.

Docket No. P-15/500622.20012

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Customer ID:026418**

Applicants: Daniel K. Recinella, Eamonn Hobbs

Serial No.: 09/919,254 Group No.: 3763

Filed: July 31, 2001 Examiner: Kevin C. Sirmons

For: Contrast Medium Delivery System And Associated Method

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action dated July 19, 2004, please amend the application as follows.

## REMARKS

Claims 27-43 and 47 are pending in this application.

In the Office Action, the Examiner indicated that claims 27-34 and 47 would be allowable if they are rewritten in independent form and that claims 35-43 are allowable over the prior art. Applicant gratefully acknowledges the Examiner's indication of allowable subject matter.

Accordingly, Applicant has rewritten allowable claim 27 as an independent claim incorporating the language of claims 24 and 26; allowable claim 28 as an independent claim incorporating the language of claim 24; allowable claim 29 as an independent claim incorporating the language of claim 24; and allowable claim 47 as an independent claim incorporating the language of claim 45. Thus, Applicant submits that claims 27-34, 35-43 and 47 are all allowable.

The Examiner maintained his rejection of claims 24, 26, 44-46 under 35 U.S.C. Section 102(b) as being anticipated by or in the alternative under 35 U.S.C. Section 103(a) as being obvious over Teirstein (U.S. Patent No. 5,779,666).

While Applicant respectfully disagrees with the Examiner, in the sole interest of advancing prosecution of this application, Applicant has cancelled all of the rejected claims.

Based upon the above amendments and remarks, applicants respectfully request reconsideration of this application and its early allowance. Should the Examiner feel that a telephone conference with applicants' attorney would expedite prosecution of this application, the Examiner is urged to contact him at the number indicated below.

Respectfully submitted,



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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

ANG10 P-15 50062220012

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	7	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	7 minus 20 =	
INDEPENDENT CLAIMS	7 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	• 24	Minus	.. 21	= 3
Independent	• 4	Minus	... 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY  
TYPE

RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL		OR TOTAL	710.00

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	54
X40=		OR X80=	54
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	• 18	Minus	.. 24	= —
Independent	• 5	Minus	... 4	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	•	Minus	..	=
Independent	•	Minus	...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.